

KIDS YOGA WAIVER

Please complete the following form prior to or upon your arrival of attending your first class. (* must fill in)

*First & Last Name: _____ *Birthday _____

*Guardian Email: _____ *Phone: _____

Address: _____ City/State/Zip: _____

*Emergency Contact Name: _____ *Phone: _____

I HEREBY ACKNOWLEDGE AND AGREE TO IRREVOCABLY RELEASE, WAIVE, INDEMNIFY, AND DISCHARGE BEE ALIVE YOGA LLC AND BEE ALIVE YOGA LLC EMPLOYEES AND STAFF OF ANY AND ALL PAST, PRESENT, OR FUTURE CLAIMS ON BEHALF OF MYSELF, MY CHILDREN, MY PARENTS, MY HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES/AGENTS, AND ESTATE AS FOLLOWS:

1. I am aware, understand, and agree for good and valuable consideration that Bee Alive LLC (hereinafter "Bee Alive Yoga") is to share knowledge of yoga with the participants of each class.
2. I understand that the practice of yoga in Bee Alive Yoga may at times be strenuous and requires physical exertion and movement that may involve risk of physical injury.
3. I understand that I am responsible for judging my own physical capabilities and limitations.
4. I understand that it is my responsibility to determine if any medical reason should prevent my practice of yoga at Bee Alive or require modification of an instruction given by a teacher.
5. I agree to notify the instructor if I am pregnant or could be pregnant.
6. I agree to take full responsibility to not exceed my own physical capabilities.
7. I agree to take full responsibility and to not accuse/hold Bee Alive Yoga of any injury I may suffer during or as a result of my attendance and/or practice at Bee Alive Yoga.
8. I agree and take full responsibility to notify the instructor of any physical injuries or conditions that may affect my practice of yoga and to inform the instructor before or during class.
9. I understand and agree that the practice of yoga may involve physical adjustments of students by instructors which require physical contact between the instructor and student, between instructor's assistant and student, or between student and student.
10. I agree that if I do not want any physical adjustments during class, I will promptly notify the instructor before class.
11. I agree that it is my responsibility to notify the instructor or assistant that is adjusting, when an adjustment has gone as far as desired.
12. I agree to understand that the practice of yoga involves the use of props including ropes and slings that can involve complete suspension. I am aware that any injuries that may occur using these props is my full responsibility.
13. I hereby fully agree and waive all claims against Bee Alive Yoga should any equipment malfunction at any time and hereby agree to pursue all claims against the manufacturer of said equipment.
14. I am aware that beginning May 5, 2021, Bee Alive Yoga LLC will no longer require its students/attendees to wear a mask while at the studio.
15. I am aware that if I choose not to wear a mask in class, that I am 100% responsible for and am assuming all risks associated with not wearing a mask while in class. These risks include the risk of becoming ill/sick as a result of coming in contact with others who may be ill due to exposure to COVID-19 and other virus/illness.
16. I am aware that if I choose to wear a mask and I attend a class where one or multiple students/staff are not wearing a mask, that I am still 100% responsible for and am assuming all risks associated with my attendance in a class where not all attendees are wearing a mask. These risks include the risk of becoming ill/sick as a result of coming in contact with others who may be ill due to exposure to COVID-19 and other viruses/illness.
17. I am fully aware and understand all of the foregoing and hereby waive, release, and hold Bee Alive Yoga LLC, and entity affiliated therewith, including but not limited to the founders, principals, instructors, employees, volunteers, agents and/or representatives, harmless for any claim I may have as a result of my attendance at Bee Alive Yoga, including, but not limited to, any injury I receive at any time and any sickness/illness, whether from COVID-19 or otherwise, that I may receive as a result of my attendance at the studio.
18. I have read and acknowledge that I have read all of Bee Alive Yoga's policies and current COVID-19 guidelines.
19. I have carefully read the above release of liability and fully understand and agree to the above by signing below.
20. **I understand that I may bargain for a different waiver of liability terms. However, I hereby waive my right to bargain for a different waiver of liability terms. I have read this Waiver of Liability/Release and understand its terms. I know that I am giving up substantial rights by signing it but I do sign it freely and voluntarily.**

*Guardian First & Last Name Printed: _____

*Guardian Signature: _____ *Date: _____

Parental or Guardian Signature for Minor under the age of 18